Strathcona REGIONAL DISTRICT

990 Cedar Street, Campbell River, BC V8W 7Z8

DIRECTOR EXPENSE CLAIM FORM

ADVANCE
CLAIM

NAME: MARK BAKER
ADDRESS: [redacted]
PURPOSE OF TRAVEL: T.L.A and COW
DATES OF TRAVEL: JAN 13-26 JAN 21-26

KILOMETRE ALLOWANCE FOR AUTOMOBILE DISTANCE TRAVELLED

DATE	FROM	TO	PURPOSE OF TRAVEL	Distance on Paved	Distance on Unpaved
JAN 13/26	SAYWARD	CAMPBELL	TLA	74	
JAN 16/26	CAMPBELL	SAYWARD	TLA	74	
JAN 21/26	SAYWARD	CAMPBELL	C.O.W	74	
JAN 21/26	CAMPBELL	SAYWARD	COW	74	

125.00+
125.00+
125.00+
125.00+
500.00*+

per Diem

500.00x
0.05÷
1.05=
23.81*+

23.81+
500.00-
476.19*+

216.08x
0.05÷
1.05=
10.29*+

Kms.

10.29+
216.08-
205.79*+

23.81+
10.29+
34.10*+

34.10+
745.38-
711.28*+

ELED	296 KM	KM
rate/BL167)	~~$0.721~~ KM	$0.84 / KM
NSE	$ 0.73	$
	216.08. (A) $	

PURSU
1. Com
2. Non-
3. Over
* les
Mea
4. Othe

XPENSES FROM REVERSE	(B) $ 529.30.
B)	$
-649	$
CLAIM	$ 745.38
Verified by:	MVB

I heret... were incurred by me as a result of Strathcona Regional District business and qualify for reimbursement as detaile... d for them by any other party.

DIRECTOR SIGNATURE

JAN 21-26
DATE

Entered By MVB

ACCOUNT NO. 012 - 112 - 320 CC1 D020 CC2 ____
FOR FINANCE USE ONLY

attended on behalf of Board. Yes

G:\Finance\Forms\Fillable Forms